

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Chemical Dependency Treatment Centers      **Memorandum No.:** 03-92 MAA  
Managed Care Plans      **Issued:** November 13, 2003

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject:**      **Chemical Dependency: Rate Increase for Individual Therapy Procedure Codes**

**Effective for dates of service on and after October 1, 2003**, the Medical Assistance Administration (MAA) increased the rates for Individual Therapy CPT™ procedure codes 96154 and 96155.

## **Rate Increase**

**Effective for dates of service on and after October 1, 2003**, the rates for individual therapy procedure codes 96154 and 96155 (with modifiers HF and HZ) **increased** from \$14.00 to \$14.21. The rate increase was due to negotiations by the Division of Alcohol and Substance Abuse (DASA) and providers based on cost of care.

## **Reminder!**

Effective for dates of service on and after October 1, 2003, the following changes occurred:

- The billing codes for Chemical Dependency services changed to be HIPAA-compliant. You must now list the appropriate 5-digit procedure code in field 24 D on the HCFA-1500 claim form **along with** the 2-character modifier.
- The place of service changed to be HIPAA-compliant. The place of service code must be listed in field 24B on the HCFA-1500 claim form. The new place of service codes are: 11 – treatment facility and 08 – tribal 638 provider facilities.

Attached is replacement page D.1/D.2 for the Chemical Dependency Billing Instructions, dated October 2003 reflecting the rate increase. MAA's Billing Instructions and Numbered Memoranda are available for viewing and downloading at <http://maa.dshs.wa.gov> [click on "Provider Publications/Fee Schedules"].

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**DIVISION OF ALCOHOL AND SUBSTANCE ABUSE  
ALCOHOL AND DRUG TREATMENT  
OUTPATIENT SERVICE REIMBURSEMENT SCHEDULE**

**For services provided on and after October 1, 2003**

<b>Procedure Codes - Modifier</b>		<b>HCPCS/ CPT Code Description</b>	<b>Service</b>	<b>Fee-for-Service Maximum Rates</b>
<b>General</b>	<b>CJTA* Funded</b>			
H0003-HF		Alcohol and/or drug screening	DCFS Initial Screening	\$18.33
H0001-TG		Alcohol and/or drug assessment, complex/high tech level of care	DCFS Expanded Chemical Dependency Assessment	\$177.69
H0001-HF	H0001-HZ	Alcohol and/or drug assessment, substance abuse program	Chemical Dependency Assessment	\$91.22
H0001-HD		Alcohol and/or drug assessment, pregnant/parenting women's program	Pregnant & Postpartum Women Assessment	\$91.22
H0002-HF	H0002-HZ	Screening for admission to treatment program	Intake Processing	\$13.38
96154-HF	96154-HZ	Health and behavior intervention, family with patient present	Individual Therapy with Client Present	\$14.21 per 15 minutes
96155-HF	96155-HZ	Health and behavior intervention, family without patient present	Individual Therapy Without Client Present	\$14.21 per 15 minutes
96153-HF	96153-HZ	Health and behavior intervention, group	Group Therapy	\$4.47 per 15 minutes
T1017-HF	T1017-HZ	Targeted case management, each 15 minutes	Case Management	\$7.50 per 15 minutes
H0020-HF	H0020-HZ	Methadone administration and/or service	Opiate Substitution Treatment	\$10.36 per day
86580	86580	Tuberculosis test intradermal	Tuberculosis Testing	\$5.92

**\*CJTA = Criminal Justice Treatment Account**

**JUVENILE REHABILITATION ADMINISTRATION  
ALCOHOL AND DRUG TREATMENT**

**OUTPATIENT SERVICE REIMBURSEMENT SCHEDULE**

**For services provided on and after October 1, 2003**

<b>Procedure Codes - Modifier</b>		<b>HCPCS/CPT Code Description</b>	<b>Service</b>	<b>Fee-for-Service Maximum Rates</b>
<b>CDDA* Locally Sanctioned</b>	<b>CDDA Committable</b>			
H0001-U7	H0001-H9	Alcohol and/or drug assessment; Substance Abuse Program	Chemical Dependency Assessment	\$91.22
H0002-U7	H0002-H9	Screening for admission to treatment program	Intake Processing	\$13.38
H2035-U7	H2035-H9	Alcohol and/or drug treatment program, per hour	Individual Therapy – Full Visit (Minimum 1 hour)	\$56.85
H0047-U7	H0047-H9	Alcohol and/or drug abuse services, not otherwise specified	Individual Therapy – Brief Visit (15-45 minutes for individual and/or family)	\$30.35
96153-U7	96153-H9	Health and behavior intervention, group	Group Therapy	\$4.47 per 15 minutes
H0006-U7	H0006-H9	Health and behavior intervention, group	Intensive Youth Case Management	\$194.35 per month
86580	86580	Tuberculosis test intradermal	Tuberculosis Testing	\$5.92

**Note:** Billing for these services is restricted to those providers who are contracted to provide services to CDDA youth through a JRA contract.

**\*CDDA=Chemical Dependency Disposition Alternative.**